Business Administration/Management/Entrepreneurship Intern Program
Employer Data Form

Company: __________________________________________________________

Internship Supervisor: ___________________________ Title: ________________

Address: ____________________________________________

Street  City  State  Zip

Phone: __________  E-Mail: __________  Fax: __________________________

Student’s Name: ________________________________________________

Internship Description: __________________________________________

____________________________________________________________________

Compensation ________________________________________________

During the semester of the Internship I agree to:

- Provide the intern the opportunity to work a minimum of 225 hours
- Provide significant work that will enhance the intern’s professional and educational development. Provide a safe, nurturing, and challenging work environment
- Provide adequate supervision of student intern
- Submit a general description of the internship position and indicate if the assignment is a paid or unpaid internship to the Internship Coordinator
- Communicate with the Internship Coordinator as requested
- Submit student’s performance evaluation to Internship Coordinator by the due date.

Intern Supervisor’s Signature: ________________________ Date: ____________

Return by email to Kristen.Shanine@mtsu.edu or fax it to 615-413-5239
Department of Management